

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF ATTORNEY GENERAL

SEX OFFENDER REGISTRATION FORM

The individual who appears on this registration form has been convicted of a sex offense which requires the individual to register with law enforcement pursuant to R.I. Gen. Laws § 11-37.1-1 et seq., also known as the Sexual Offender Registration and Community Notification Act.

This form is *not* a public record. The information is for use by Law Enforcement Agencies only.

Name of Offender:(Last) _____ (First) _____ (M.I.) _____

Address of offender: _____

City/Town: _____ State: _____ Zip code: _____

Next of Kin: _____ Address: _____

DOB: _____ SEX: _____ HGT: _____ WGT: _____

HAIR COLOR: _____ EYE COLOR: _____

IDENTIFYING MARKS/TATOOS ETC: _____

SSN: _____ RACE or NATIONALITY: _____

PLACE OF BIRTH: _____

P.D. #: _____ BCI #: _____ NCIC #: _____

Date Released/Sentenced: _____ Date Registered: _____

Court Criminal Case #: _____ State Convicted In: _____

Offense(s): _____

_____ Class A Offender | Juvenile Offender: yes _____ no _____

_____ Class B Offender | Juvenile # _____

_____ Class C Offender (SVP) | Adult Offender: yes _____ no _____

I have been notified of my duty to register on (date(s)): _____

Offender's Signature: _____

Name of Officer Completing This Form: _____ Date: _____

Police Department: _____

Send copy of this form with photo & fingerprints to Attorney General's Office upon completion.